

We are pleased to announce, and look forward to your participation in the
**32nd Annual Biomedical Associations of Wisconsin Conference
and Vendor Show.**

October 13-15, 2015

**Vendor Show
Thursday, October 15th
1:30 - 5:30 PM
Grand Ballroom**



Chula Vista Resort
2501 River Road, Wisconsin Dells, WI 53965



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2501 River Road, Wisconsin Dells, WI 53965

Visit us online:
<http://www.chulavistaresort.com/>

[The room rates for the conference are:](#)

Single and Double Rate: \$95.00.

FINAL DEADLINE EXTENSION - RESERVE NOW!
Reservations: (855) 990-0177 by September 19th, 2015

[Please mention BAW / #D62117 for discounted rates](#)

[Please mention BAW \(Group Code: BAC\) for discounted rates](#)

[Quick link for hotel reservations via the web](#)

BAW Conference Registration

**After OCT 7th, 2015
add \$25 for late registration.**

Payment should be mailed to:

BAW
P.O. Box 526
Marshfield, WI 54449-0526
Attn: Conference Registration

Payments should be made out to: **BAW**

___\$100.00 BAW Member, Registration

___\$140.00 Non-Member, Registration

___\$40.00 Student Registration

___\$40.00 Guest (keynote, Technical Expo Admission)

BAW Conference Registration

Name _____

Affiliation _____

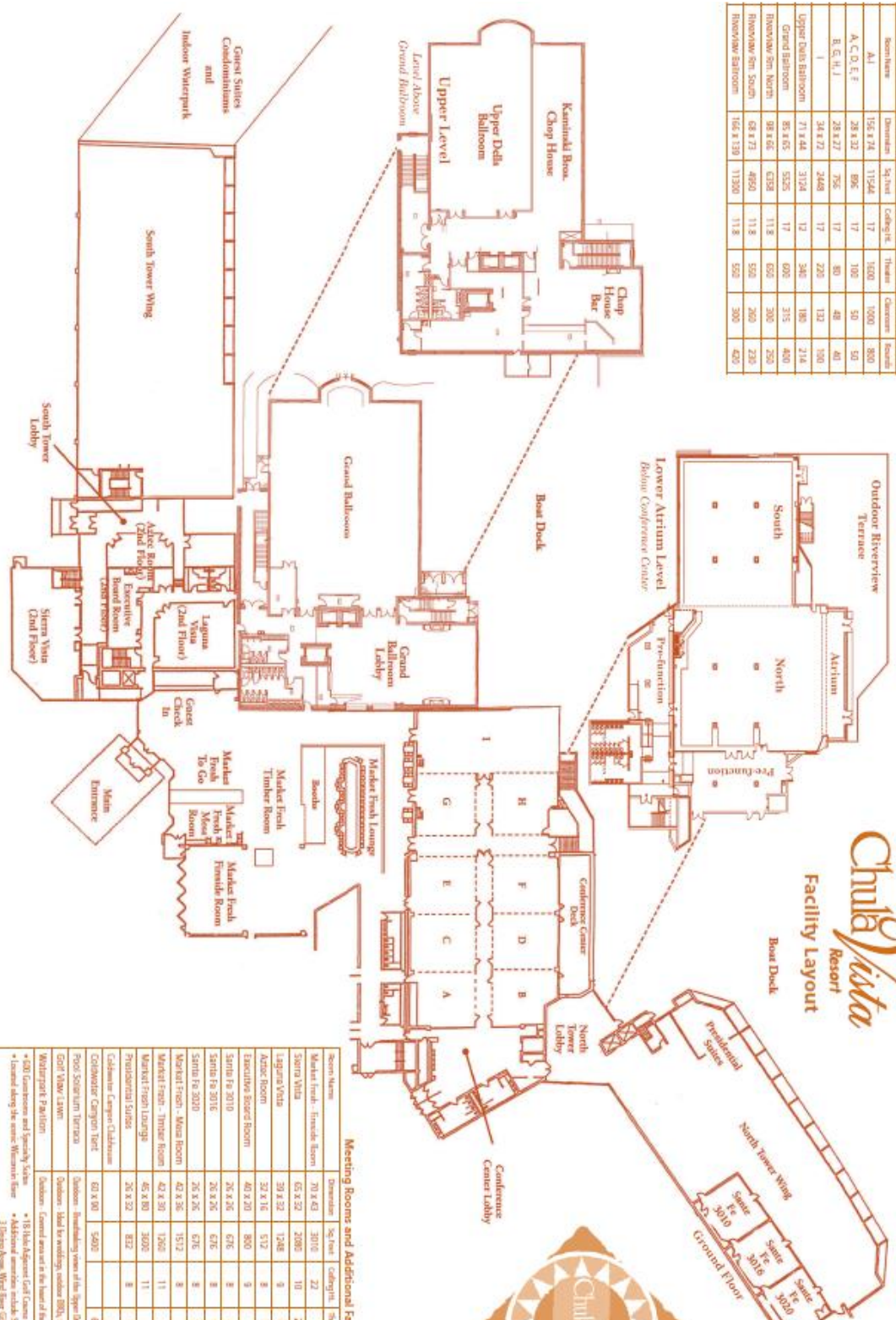
Address _____

City _____ **State** _____ **Zip** _____

Phone _____ **Fax** _____

Email _____

Room Name	Dimensions	Sq. Feet	Capacity	Tables	Chairs	Seating
A-1	106 x 74	11944	17	100	1000	800
A.C.O.E.F	28 x 22	696	17	100	50	50
B.G.H.J	28 x 22	756	17	80	40	40
I	24 x 22	2448	17	220	120	100
Upper Deck Ballroom	71 x 44	3124	12	340	180	214
Grand Ballroom	85 x 65	5525	17	690	315	400
Viewview -m North	98 x 66	6438	11.8	650	300	250
Viewview -m South	68 x 73	4950	11.8	550	260	230
Viewview Ballroom	106 x 139	11300	11.8	550	300	420



Chula Vista Resort Facility Layout

Meeting Rooms and Additional Facility Areas

Room Name	Dimensions	Sq. Feet	Capacity	Tables	Chairs	Seating
Market Fresh - French Room	70 x 43	3010	22			200
Sierra Vista	53 x 32	2096	10	225	110	100
Laguna Vista	30 x 32	1248	8	90	60	80
Executive Board Room	32 x 16	512	8	40	25	30
Executive Board Room	40 x 20	800	8	50	32	40
Sierra Vista 2010	26 x 26	676	8	50	32	40
Sierra Vista 2010	26 x 26	676	8	50	32	40
Market Fresh - Main Room	42 x 36	1512	8	50	32	40
Market Fresh - Timber Room	42 x 30	1260	11			84
Market Fresh Lounge	45 x 80	3600	11			84
Presidential Suites	26 x 32	832	8	24	12	12
Chickadee Canyon Clubhouse	60 x 80	4800				80
Chickadee Canyon Tent	60 x 80	4800				350
Sierra Vista Terrace	Outdoor - Bunching rows of 18, 18ft. Rows for row between up to 180 people					
CONF VIEW 130W	Outdoor - Ideal for wedding, outdoor BBQ, team building events for up to 1000 people					
Waterfront Pavilion	Outdoor - Grand area at the heart of the resort and surrounded for up to 200 people					
<ul style="list-style-type: none"> • 150 Guestrooms and Specialty Suites • Additional amenities include Spa, Golf, Market Fresh Lounge, 3 Pools, Spa, West River Golfing, Sierra Vista & Outdoor Waterpark 						

BAW Conference Class Presenter's

Bob Broschart, Axess Ultrasound: "Probe Technology in the 21st Century"

Scott Clippinger, Philips Healthcare: "Wireless Troubleshooting Basics"

Joe Graczyk, Waukesha Memorial Hospital: "PACS 101"

Kyle Grozelle, Summit Imaging: "GE LogiQ E9 & Vivid E9 Troubleshooting and Repair"

Vickie Snyder, Booz Allyn Hamilton, Healthcare Technology Management Consultant:

"Performance Improvement and Efficiency" and "Interoperability: New Trends"

Rory Endres, G.E. Healthcare: "MIC (Mother Infant Care)" and "BX50 Monitor Training"

BAW Short Course

Steve Maull, Maull Biomedical: Injector Training Course.

Conference Schedule

Tuesday October 13th, 2015
Short Course Training 8:30 to 4:30pm
Injector Training
Aztec Room.

Wednesday October 14, 2015 Schedule

Time	Santa Fe Room 3010	Santa Fe Room 3016	Santa Fe Room 3020	Aztec Room
7:30-8:30am	Registration	Registration	Registration	Registration
8:30-10:00am	Preventive Maintenance on ForceTriad Jack Barrett Rigel Medical	PACS 101 Joe Graczyk	Summit Ultrasound G.E. Logiq & Vivid E9	Maul Injector Service Class
10:00-10:15am	Morning Break	Morning Break	Morning Break	Morning Break
10:15-11:45am	Probe Technology in the 21 st Century Bob Broschart Axess Ultrasound	PACS 101 Joe Graczyk	Summit Ultrasound G.E. Logiq & Vivid E9	Maul Injector Service Class
12:00-1:30pm	Lunch & State Meeting	Lunch & State Meeting	Lunch & State Meeting	Lunch & State Meeting
1:30-3:00pm	TBA	MIC (Mother Infant Care) Rory Endres G.E. Healthcare	Summit Ultrasound G.E. Logiq & Vivid E9	Maul Injector Service Class
3:00-3:15pm	Afternoon Break	Afternoon Break	Afternoon Break	Afternoon Break
3:15-4:45pm	Wireless Network Servicing and Troubleshooting Scott Clippinger Philips Healthcare	BX50 Monitor Training Rory Endres G.E. Healthcare	Summit Ultrasound G.E. Logiq & Vivid E9	Maul Injector Service Class
5:30 – 9:30pm	BAW Social Event Moose Jaw Brewery Room Sponsored By: Pioneer Biomedical			

Thursday, October 15, 2015 Schedule

Time	Santa Fe Room 3010	Santa Fe Room 3016	Santa Fe Room 3020	Aztec Room
7:30-8:30am	Registration	Registration	Registration	Registration
8:30-10:00am	TBA	Infusion Pump Testing Jack Barrett Rigel Medical	Summit Ultrasound G.E. Logiq & Vivid E9	Maul Injector Service Class
10:00-10:15am	Break	Break	Break	Break
10:15-11:45am	TBA	Performance Improvement And Efficiency Vickie Snyder	Summit Ultrasound G.E. Logiq & Vivid E9	Maul Injector Service Class
11:45-12:00pm	Break	Break	Break	Break
12:00-1:30pm	TBA	Interoperability: New Trends Vickie Snyder	Summit Ultrasound G.E. Logiq & Vivid E9	Maul Injector Service Class
1:30-5:30pm	Lunch With Vendors & Vendor Show Grand Ballroom			

2015 BAW CONFERENCE SOCIAL



*Pioneer Biomedical invites you to the
2015 BAW conference social.*

Date: Wednesday, October 14th

Location: Moose jaw Brewery room

Time: 5:30-9pm (pick up, Chula Vista main lobby)

Dinner with drink tickets will be provided.



*Please RSVP: Cheryl@piobio.com
Seating is limited so sign up today.*

BAW State Conference
Ultrasound Class LogiQ E9 & Vivid E9
Presented by Summit Imaging.

(This class will be limited to 20 people)

This is a day long course and will be run on consecutive days. At registration select which day you wish to attend.

Summit Imaging offers ultrasound training courses that cover a variety of major ultrasound systems. We keep classes small and the training practical so you get a lot out of the experience. Our classes are 80% hands-on the system making it easy to return with a greater sense of confidence.

At Summit we pride ourselves on offering ultrasound training solutions that are easily customizable to match each individual's training needs, making it perfect for training students in ultrasonography as well as healthcare professionals.

Biomed's Will Learn

The Theory of Operation . System Mechanics
Hands-On Troubleshooting Techniques.
Assembly and Disassembly of the System.
Data Flow . Installation Procedures. Software
Installation, PM Procedure and Image Quality.

Kyle Grozelle
Manager of Global Education & Training



860 East Homestead Dr
Aurora, OH 44202
www.maulbiomedical.com

Phone: (440) 724-7511
Fax: (888) 634-9492
steve@maullbiomedical.com

Registration Form: Contrast Injector Training Course for BAW Conference 2015

You can also register online at www.maulbiomedical.com/injectortraining

Training Date and Location: BAW Conference in Chula Vista, October 13, 14 and 15

Hours: Class starts 8:00 AM each day. Length of course is one day per model you get trained on.

Course Information

Select Course (circle one):

3 Injectors/\$3000 2 Injectors/\$2500 1 Injector/\$2000

Injector Model(s) (circle all models you wish to receive training on: max of 3):

Mark V +/-ProVis Stellant Envision Spectris Solaris Angiomat Illumena CT 9000 ADV OptiVantage

Student Information

Name: _____ Email: _____

Company: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Payment Method: Credit Card (we'll contact you) Check PO # _____

Make Checks payable to Maull Biomedical Training, LLC.

(Payment is due 15 days prior to the start of the course)

Substitutions: You may substitute someone in your place if you are unable to attend. Please notify us at least 24 hours prior to the start of the course. Credit for another course is given if you are unable to attend, but there are no refunds for "No Shows" without 72 hours notice.

Email this form to steve@maullbiomedical.com

Fax this form to (888) 634-9492

Or mail to:

Maull Biomedical Training, LLC
860 East Homestead Dr
Aurora, OH 44202



Biomedical Associations of Wisconsin

Scholarship Application

Name: _____

Address: _____ State: _____ ZIP _____

Home Phone: (_____) _____ - _____ Work Phone (_____) _____ - _____

Social Security Number _____ - _____ - _____ Date of birth ____/____/____

School _____ Program of Study _____

GPA if currently a student _____ Are you US citizen YES / NO

How much financial aid are currently receiving? \$ _____

Estimated costs of Schooling? \$ _____ Are you a veteran? YES / NO

Are you supporting Yourself? YES / NO Monthly Income? \$ _____

Please provide the following information along with this application. All information is required in order for the application to be valid. Deadline for submitting is September 31st.

Complete education history, starting with High School. Please include name of institution and address. Include major of study and whether you received a degree or certificate.

Complete work history, including dates of employment, job title, and a brief description of your job duties.

Volunteer activities you are or have been involved with.

List of awards, citations or acknowledgments.

Brief autobiography.

Short essay on why you feel you deserve this scholarship and how you became interested in the field of Biomedical or Clinical technologies.

At least one Letter of Recommendation.

Signature of applicant _____

Date ____/____/____

	Excellent	Above Average	Average	Below Average	Poor
Communication					
Skills					
Perseverance					
Judgment					
Initiative					
Cooperation					
Motivation					

Letter Of Recommendation

Applicant's Name: _____

What is your relationship to applicant _____

Please rate the following qualities:

Describe the applicant's knowledge of healthcare and electronics:

Why do you feel the applicant is worthy of this scholarship?

Other comments you feel are relevant to the selection committee:

Feel free to attach additional information.

Signature _____ Date ____/____/____

Title _____ Phone (____) ____/____